

# VERIFICATION OF A HIGHLY QUALIFIED STATUS BY A STATE AGENCY

**TO THE APPLICANT:** Please fill in the information above the dotted line. Please type or print.

Last Name	First Name	Middle Name	Maiden
Address		City	State
		Zip Code	
Teacher License Number		Date of Birth (month, day, year)	

-----

**Please complete the information below as it applies to the above named applicant for Indiana Teacher licensure, and return to the individual at the address above.**

☐ The applicant is highly qualified (HQ) for licensure in \_\_\_\_\_ based on  
meeting our state's testing requirements for that subject area on \_\_\_\_\_.

☐ The applicant is Highly Qualified (HQ) or licensure in \_\_\_\_\_ based on  
meeting the "HOUSSE" Standard of this state on \_\_\_\_\_.

(Note: Applicant must have been hired prior to the 2006-2007 and in the same assignment. HOUSSE data must reflect work done prior to or during the 2006-2007 school year. )

_____ Verifying Officer & Title (Please Print)	
_____ Signature	_____ Date
_____ State	
_____ Email Address	